



Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

Written comments for the House Families, Children, and Seniors Committee
March 13, 2013

Chairman Kurtz and Members of the Committee:

My name is Alan Bolter. I am associate director of the Michigan Association of CMH Boards. MACMHB is a trade association, representing the 46 CMH boards and over 65 provider organizations. Our members provide mental health, developmental/intellectual disability and substance use disorder services for Michigan residents in all 83 counties in Michigan.

Our association has serious concerns regarding HB 4118 in its current form. HB 4118 requires the Department of Human Services to establish a program of suspicion-based substance abuse screening and testing for family independence program applicants and recipients. Additionally, requiring an applicant to pay for testing if they are found to be drug-free and not providing additional funding for the substance use disorder treatment prescribed in the legislation seems to be counterproductive at best.

HB 4118 promotes the discrimination and negative stigma individuals with substance use disorders face on a daily basis. Substance use disorders are a diagnosable and treatable illness. These disorders share many features with other chronic illnesses, such as type II diabetes, cancer and cardiovascular disease, which tend to run in families and are influenced by one's behavior. In fact, the American Society of Addiction Medicine (ASAM) most recent definition of addiction stated that addiction is a chronic brain disorder and not simply bad behavior or bad choices involving too much alcohol or drugs.

Without additional resources, HB 4118 will put an unfunded mandate on local CMHs and counties. HB 4118 allows an individual testing positive for the first time to go through a 90-day treatment program, however, the bill assumes all of the individuals seeking cash assistance are also Medicaid eligible, but that is not the case. There will still be a percentage that does not qualify for Medicaid because eligibility is not solely based on one's income. However, if the state adopts Governor Snyder's proposal to expand Medicaid as allowed under the Affordable Care Act, this concern would be greatly diminished.

Additionally, there does not appear to be any quantifiable evidence that HB 4118 is needed. Attached is an April 17, 2012 New York Times Article that examined a similar policy from the state of Florida, which has since be overturned by the courts. Florida found their law resulted in no direct savings, found only a small number of applicants who tested positive and had no effect on the number of applicants. Over the four month period the law was in effect only 2.6% of the state's cash assistance applicants tested positive (108 of 4,086) and another 40 people refused testing. There is no reason to believe Michigan would have different results.

In its current form MACMHB would NOT be able to support HB 4118 for the reasons I stated. We simply do not believe that this policy would benefit the State of Michigan or the individuals seeking services.

Again, thank you for your time and consideration of our remarks.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Al Bolter", with a stylized flourish at the end.

Alan Bolter
Associate Director